

POSIT'

INITIALS

NO.

DATE

**FEE DETERMINATION**  
**O.I.P.E. CLASSIFIER**  
**FORMALITY REVIEW**  
**RESPONSE FORMALITY REVIEW**

**INDEX OF CLAIMS**

Rejected	N	Non-elected
Allowed	I	Interference
Cancelled	A	Appeal
Restricted	O	Objected

Claim	Final	Original	Claim	Final	Original	Claim	Final	Original
1	V	V	51			101		
2	V	V	52			102		
3	V	V	53			103		
4			54			104		
5			55			105		
6			56			106		
7			57			107		
8			58			108		
9			59			109		
10			60			110		
11			61			111		
12			62			112		
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42			92			142		
43			93			143		
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45			95			145		
46			96			146		
47			97			147		
48			98			148		
49			99			149		
50			100			150		

If more than 150 claims or 10 actions  
 staple additional sheet here